

EXHIBIT 1

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK**

-----X
VIVIAN XIANG

Case No: 1:19-cv-01752

Plaintiff,

-against-

Plaintiff's Expert Witness Disclosure

EAGLE ENTERPRISES, LLC, MARKET AMERICA,
INC., AMY REMACHE, SHERRY SPESOCK, and
STAR HOGAN,

Defendants.
-----X

Plaintiff, VIVIAN XIANG, by her attorneys, DEREK SMITH LAW GROUP, PLLC hereby respectfully submits, pursuant to Federal Rule of Civil Procedure 26(a)(2)(A), that at the time of trial of this action, Plaintiff expects to call as an expert witness, Gladys Frankel, Ph.D. as a person who may be called upon at trial to present testimony and evidence under Federal Rules of Evidence 702, 703, or 705. Annexed hereto is the Expert Report of Dr. Frankel who can be contacted at: 115 E. 82nd Street, Suite 1A New York City, New York 10128.

Plaintiff reserves the right to supplement/amend this response as more information becomes available and as may be appropriate and necessary.

Date: New York, New York
January 5, 2021

DEREK SMITH LAW GROUP, PLLC

By: /s/ Daniel Altaras
Daniel Altaras, Esq.
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AFFIDAVIT OF
PSYCHOLOGIST

IN THE MATTER OF

Vivian Xiang

Civil Case No: 19-cv-1752

DATE OF INTERVIEW: June 5, 2020

DATE OF REPORT: June 8, 2020

I, Gladys Frankel, PhD, hereby swear and affirm the following:

1. I am a licensed Psychologist in private practice in the State of New York. My New York State license number is 008091.
2. I earned the following academic degrees:

PhD. In Clinical Psychology
1981 Columbia University, New York City
National Institute of Mental Health Fellowship

B.A. in Clinical Psychology
1972 Pitzer College, Claremont, California
3. I was a Clinical Psychology Intern at New York University Medical Center, New York City, 1975- 1976.
4. I was a Clinical Psychology Fellow at New York Hospital, Westchester Division, 1977 – 1978.
5. I was a Staff Psychologist at the Franklin Delano Roosevelt Veterans' Administration Hospital, Montrose, New York, 1988 – 1999, director of an in-patient unit and co-director of a PTSD unit.
6. I was an Attending Psychologist, New York Presbyterian Hospital, Westchester Division, 2001 -2011.
7. I was an Assistant Professor of Psychology in Psychiatry, Faculty, Weill Cornell College of Medicine, 2001– 2011.
8. I was a Clinical Psychologist at Hanover Psychiatry, Hanover, New Hampshire, 2011- 2017, a clinic of Dartmouth-Hitchcock Medical Center.
9. I was an Assistant Professor of Psychology, Geisel School of Medicine at Dartmouth, Hanover, New Hampshire, 2011-2017.

10. I was a Clinical Psychologist, Expert for Compensation and Pension Examinations, United States Department of Veterans' Affairs, White River Junction, Vermont, 2013 - 2017.
11. I have been involved in the preparation of reports for various court cases, including being retained by a regional court, by private attorneys and a case for The Hague Court.
12. From 2017 – presently I am conducting clinical evaluations, assessments and treatment in private practice in New York City.
13. On June 5, 2020, I interviewed Ms. Vivian Xiang for a psychological evaluation, in connection with her civil litigation against Defendants Eagle Enterprises LLC and Amy Remeche, Sherry Spesod, and Star Hogan hereinafter referred to as Eagle or as Defendants. Daniel Altaras Esq., of the Derek Smith Law Group, referred her. The information is based on clinical interview of Vivian Xiang, testing results and review of treatment progress notes from sessions with Dr. Karen Jason.
14. When Vivian Xiang presented for the interview, her identification was checked. She presented her New York State Driver license.
15. During the interview, Ms. Xiang was informed of the limit of confidentiality and advised that the usual doctor/patient privilege would not be in effect. It was explained to her that anything she discussed with the examiner would be relayed to her attorney, the opposing attorney and the Court, in the form of a written report summarizing the evaluation results. Ms. Xiang indicated she understood and agreed to participate in the evaluation.
16. The interview was administered by videoconference as necessitated by the Corona Virus guidelines.

Psychological Evaluation of Vivian Xiang

17. Ms. Vivian Xiang presented as a cooperative female. Her speech was clear, with appropriate volume and answered questions directly.
18. She was oriented to time, place and person. Her facial expressions, and gestures were congruent with speech. There were no psychotic thought processes, hallucinations or delusions during this evaluation.
19. Ms. Xiang was asked to do serial 7's, a process of starting at 100 and serially subtracting 7. Her answers were: 93, 86, 79, 72 and 65.
20. Ms. Xiang presented as genuine.
21. Ms. Xiang answered questions in a natural and authentic manner. There was no evidence of malingering during this evaluation.

History of background

22. Ms. Xiang grew up in China with her mother and father. She is an only child. She has a close relationship with her parents.
23. Ms. Xiang completed high school in China and enrolled in a college there.
24. Ms. Xiang moved to the United States when she was twenty years old.
25. Ms. Xiang enrolled in Parsons for a Bachelor's of Fine Arts in graphic design, that she completed in 2007.
26. Ms. Xiang reported no history of physical or emotional trauma prior to her employment at Eagle Enterprises LLC.
27. Ms. Xiang reported she currently lives with her family, her mother, her husband and her children ages four years old and nineteen months.
28. Ms. Xiang reported she has no alcohol or drug history.
29. Ms. Xiang reported she had a positive employment history prior to working for Eagle Enterprises.
30. Ms. Xiang reported she had no physical medical illnesses prior to her pregnancy that negatively impacted her mood.

History of Psychiatric Treatment: Mood Disturbance Prior to Harassment

31. Ms. Xiang reported she had no history of psychological treatment nor was she prescribed any psychotropic medication.
32. Ms. Xiang reported she sought psychological treatment after the termination July 24, 2018 from Eagle Enterprises.
33. Ms. Xiang reported she saw a psychologist, Dr. Karen Jason beginning August 9, 2018. Xiang has seen her several times.
34. Ms. Xiang reported she saw Dr. Jason more frequently at the beginning of treatment because she was anxious due to her job termination.
35. Ms. Xiang reported she stopped treatment April 2019.
36. Ms. Xiang reported she had a session with Dr. Jason June 3, 2020.
37. Ms. Xiang reported that she requested the session with Dr. Jason because she was anxious due to the mediation meeting scheduled for June 10, 2020. "The box was opened again."

- 38. Ms. Xiang reported there were discussions about prescribing medication but Xiang was pregnant so she did not want to take medication.
- 39. Ms. Xiang reported she is breastfeeding now, so she doesn't want to take any medication. She is afraid of any side effects negatively impacting the baby's health.
- 40. Ms. Xiang reported she sought treatment for depression, anxiety, and nervousness related to her wrongful termination.
- 41. Ms. Xiang reported she was diagnosed with Generalized Anxiety Disorder, F41.1. Xiang reported she was reading from Dr. Jason's progress notes. These notes were forwarded to this evaluator for review.

Background and Employment History

- 42. Ms. Xiang began employment at Social Streaming and Development LLC as a graphic designer around July 15, 2013.
- 43. Ms. Xiang reported Social Streaming and Development was dissolved January 2016 and Xiang was transferred to Eagle.
- 44. Ms. Xiang reported she was wrongfully terminated July 24, 2018.
- 45. Ms. Xiang reported she saw the job as one that was appealing to her and one she hoped to stay at for a sustained period.
- 46. Ms. Xiang reported that her prior boss at Eagle, Agnes was, "very professional and very supportive."
- 47. Ms. Xiang reported that she received annual reviews that led to her receiving one or two percent raises each year.
- 48. Ms. Xiang reported that once Agnes left Eagle, the environment changed.

Discrimination and hostile work environment: Triggers to Emotional Abuse

- 49. Ms. Xiang reported that in April 2018 she advised Amy Remeche, Creative Director, her direct manager ahead of time of her pregnancy to be aware of her upcoming medical appointments.
- 50. Ms. Xiang reported that she asked if she could work from home at certain times but was told she was not allowed to. Ms. Xiang reported that Remeche responded through texts, "Work from home is not your option."
- 51. Ms. Xiang reported she was aware that there were employees in the North Carolina office who were allowed to work from home.

52. Ms. Xiang reported, "They have horrible Human Resources (HR). I can't get any help from them."
53. Ms. Xiang reported, "I sent an email to Sherry Spesod to let her know I am pregnant June 12, 2018 and she never responded to my emails."
54. Ms. Xiang reported she called Sherry and left a message several times. "No one responded to my calls."
55. Ms. Xiang reported that on June 20, 2018, "the benefit manager, (Star Hogan) finally replied to (Ms. Xiang's) email with insurance information."
56. Ms. Xiang reported she, " had to reply to the insurance company on her own, fill out multiple forms."
57. Ms. Xiang reported she, "still had several questions for Sherry and Star from the original email. Star said she had to check with Sherry. There were no answers to her original questions."
58. Ms. Xiang reported she submitted documents to the insurance company July 3, 2018.
59. Ms. Xiang reported on July 10, 2018 she checked the insurance website for updates and she, " saw there was a note, we have requested information from your employer. They were waiting for documents from the employer."
60. Ms. Xiang reported, "two weeks later she was terminated. The insurance company never received any documents from Eagle."
61. Ms. Xiang reported, "Everything that happened was very well documented in the complaint."
62. Ms. Xiang reported, " one day, June 29, 2018 they forced me to submit a 'personal time off (PTO)' for a day when I wanted to leave early, less than four hours. The company handbook stated that if the leave is less than four hours, you don't need to submit a PTO."
63. Ms. Xiang reported, "June 29, 2018 was a Friday. On the following Monday, Amy emailed me to ask me to submit a four hours PTO. I replied right away I wanted to discuss with them. I couldn't reach Sherry again. Amy said it was the direction from Sherry. I couldn't get a hold of anybody." Ms. Xiang felt this was unfair treatment as it was not what was directed in the handbook. Time less than four hours did not require a PTO.
64. Ms. Xiang reported, "Amy is still my boss; I didn't want to put her in the middle. I submitted it on Tuesday. I totally not agree with this."

65. Ms. Xiang reported that after she submitted it, she, “wrote another email to Amy and a system manager, Kristin to explain my situation and I wanted them to be clear, it was going to happen more, I wanted them to be clear how I should submit my time.”
66. Ms. Xiang reported she, “ wanted them to be more supportive. But nobody answered.”
67. Ms. Xiang reported she “thinks they felt I created more trouble.”
68. Ms. Xiang reported she felt she was discriminated against because of her pregnancy, treated differently than other employees.
69. Ms. Xiang reported Eagle created a hostile working environment.
70. Ms. Xiang reported, “Eagle was chasing them for the time sheet, checking for the login time sheet, we couldn’t be one minute early or late. This would make me nervous. I don’t want to be late. I want to be safe and steady. Because of pregnancy it takes me longer on commute, I have to schedule in a bathroom break, so I have to leave home early to make the time. If I need a bathroom break I have to schedule in ten minutes otherwise I’ll be late which is not acceptable.”
71. Ms. Xiang completed the Beck Depression inventory and commented, “I was surprised when I counted the score of how bad it was. I thought that after two years I wouldn’t feel as badly as I did. But I still feel pretty bad.”
72. Ms. Xiang reported she “feels very sad. I have to review the case again. Everything has to go over one more time in my head.”
73. Ms. Xiang reported this process (preparation for the mediation) made her recall, “I couldn’t eat well.”
74. Ms. Xiang reported this process made her recall, “I couldn’t sleep well.”
75. Ms. Xiang reported this process made her recall, “I didn’t gain much weight. It made me worry about the baby.”
76. Ms. Xiang reported this was referred to in Dr. Jason’s notes.
77. Ms. Xiang reported, “The termination was so sudden that the insurance was cut off suddenly. The termination was at the beginning of the month and the insurance covered only six more days after termination. I was so nervous. That’s why it was the most stressful time in my life.”
78. Ms. Xiang reported,” When I look back it was truly the darkest period of my life.”
79. Ms. Xiang reported, “I was so hopeless. I didn’t know what to do.”
80. Ms. Xiang reported, “ I didn’t know what was going to happen to me, my family and my baby the unborn one.”

81. Ms. Xiang reported, "Because I was pregnant there was no way I could get another job."
82. Ms. Xiang reported this caused conflict with her husband. "I had to depend on him. A lot going on."
83. Ms. Xiang reported her views of the world had changed. "There was nothing on my side."
84. Ms. Xiang reported, "You don't know what to do every day. There is no hope."
85. Ms. Xiang reported, "I'm afraid I can't provide anything good for my newborn."
86. Ms. Xiang reported, "I had to treat him differently. After he was born I had to go back to work, less than two months." She noted this was less than the time she would have had with her newborn had she been able to have appropriate maternity leave.
87. Ms. Xiang reported, "I was planning on taking my leave. NY had just passed maternity law. I was so happy. I could get up to sixteen weeks of maternity leave which was more than before. So I can have Thanksgiving, Christmas, and New Years at home. I can celebrate with the whole family. My in-laws were supposed to come to see the baby during Christmas. So now everything changed. The plans not working. Can't do anything."
88. Ms. Xiang reported, "I don't know if I can afford to buy Christmas gifts."
89. Ms. Xiang reported, "the amount of time I had off was less than two months, the amount of time I would have spent with him if I had maternity leave with Eagle."
90. Ms. Xiang reported her in-laws came to visit but she couldn't visit because a new job required she had to cover for other employees, for the holiday shift.
91. Ms. Xiang reported, "When I look back I remember everything." Her voice sounded like she was crying.
92. Ms. Xiang reported, "it makes me feel guilty with my kids. I don't spend enough time with them."
93. Ms. Xiang reported, "I felt guilty with my parents. They were helping me with the kids."
94. Ms. Xiang reported, "I felt guilty with my husband. He had to cover all of my expenses."
95. Ms. Xiang reported, "I carried on an insecure feeling with my job."
96. Ms. Xiang reported, "I work extra hard. I am scared if I let go. I work until ten pm at night. I am very tired."

97. Ms. Xiang reported, "I look back. I am not going to have any more kids. What if something happened again?"
98. Ms. Xiang reported, "Its like a nightmare. I don't want it to happen again. I don't want to go through that."
99. Ms. Xiang was asked if she had any personality changes. She responded, "I lost all interest of things I used to like. Like we used to go out a lot. Now if it's not for kids, we don't do anything. I'd rather just be home (behaviors before Covid)."
100. Ms. Xiang reported, "After termination, I feel I don't talk to my friends much."
101. Ms. Xiang reported, "My personality is I don't like to cry in front of my friends. I don't contact them much."
102. Ms. Xiang reported, "I feel anxious."
103. At the end of the interview Ms. Xiang expressed that she hoped this case would be over soon. Thinking about the case is exacerbating her symptoms of anxiety and depression.

PSYCHOLOGICAL TESTING OF PLAINTIFF:

Tests Administered:

Ms. Xiang was administered the following psychological tests:

Depression. Anxiety, Stress Scale (DASS)
Beck Depression Inventory (BDI)
Beck Anxiety Inventory (BAI)
Hamilton Rating Scale For Depression (HAM-D)
Rotter Incomplete Sentence Blank (RISB)
Rey -15 Test of Malingering
Posttraumatic Stress Disorder Symptom Scale Interview for DSM V (PSS-I)

The Depression, Anxiety, Stress Scale (DASS)

The Depression, Anxiety, Stress Scale (DASS) is a set of three self report scales designed to measure the negative emotional states of depression, anxiety and stress. The Depression scale is designed to assess dysphoria, hopelessness, devaluation of life, self -deprecation, lack of interest/involvement, anhedonia, and inertia. The Anxiety scale measures autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect. The Stress scale is sensitive to levels of chronic non-specific arousal including difficulty relaxing, nervous arousal and being easily upset/agitated, irritable/over- reactive and impatient.

The scales of the DASS have been shown to have high internal consistency. The scale accurately measures current state or changes of state over time on the three dimensions of depression, anxiety and stress.

Ms. Xiang scored 22, placing in the severe range on the Depression scale.

Ms. Xiang scored 20, placing in the extreme severe range on the Anxiety scale.

Ms. Xiang scored 36, placing in the severe range on the Stress scale.

Ms. Xiang endorsed the following statements as: “Applied to me very much most of the time”:

1. I found it hard to wind down
3. I couldn’t seem to experience any positive feeling at all
6. I tended to over-react to situations
8. I felt that I was using a lot of nervous energy
9. I was worried about situations in which I might panic and make a fool of myself
12. I found it difficult to relax
18. I felt that I was rather touchy

BECK DEPRESSION INVENTORY II (BDI)

The Beck Depression Inventory II is a 21-question multiple-choice self-report inventory, one of the most widely used instruments for measuring the severity of depression. Each question has a set of at least four possible answer choices, ranging in intensity. When the test is scored, a value of 0 to 3 is assigned for each answer and then the total score is compared to a key to determine the depression’s severity. The range for severe depression is 30 – 63 and for moderate depression is 20 -28.

Ms. Xiang scored 42, placing in the severe range.

BECK ANXIETY INVENTORY (BAI)

The Beck Anxiety Inventory is a 21- question multiple-choice self-report inventory, one of the most widely used instruments for measuring the severity of anxiety. Each question has a set of four possible answer choices, ranging in intensity. When the test is scored, a value of 0 to 3 is assigned for each answer and then the total score is compared to a key to determine the severity of anxiety. The range for severe anxiety is 26 -63.

Ms. Xiang scored 30 placing in the severe anxiety range.

Hamilton Rating Scale for Depression (HAM-D)

The Hamilton Rating Scale measures the severity of depression as perceived by the subject. It is an objective measure of depression.

Ms. Xiang scored 29 placing in the very severe depression range.

Rotter Incomplete Sentence Blank (RISB)

The sentence completion method of studying personality is a semi-structured projective technique in which the subject is asked to finish a sentence for which the first word or words are supplied. As in other projective tests, the sentences are taken as a whole and are interpreted individually to reflect an individual's wishes, desires, fears and attitudes in the sentences. Historically, the incomplete sentence method is related most closely to the word association test. In the sentence completion tests, tendencies to block, and to twist the meaning of the stimulus words appear and the responses may be categorized in a somewhat similar fashion to the word association test.

The following are some examples of representative RISB responses:

- 21. I suffer: a lot
- 32. My mind: is out of control
- 33. I need: to rest
- 36. My greatest fear: is I can't raise my kids the right way
- 41. Life: is hard
- 43. I was depressed when: I think about this case

The themes of her responses reflect a person who is depressed and feels she suffers a lot. She feels tired. She is challenged by her financial struggles. She is uncertain of her future. The case contributes to her depression.

The Rey -15 Memory Test

The Rey 15-memory test is a 15-item visual recall task in which 15 items are presented in a 3 x 5 array for 10 seconds. When the stimuli are removed, the subject is asked to reproduce as many as he or she can recall. Less than 9 items reproduced correctly is considered suggestive of malingering.

Ms. Xiang correctly produced 15 of 15 items. This suggests she was putting forth appropriate effort and was not engaging in malingering.

Posttraumatic Stress Disorder Symptom Scale Interview for DSM-5

The PSS-I has been updated to correspond to the DSM-5 (PSS-I-5) as a brief Interview that assesses presence and severity of symptoms over the past month. The PSS-I-5 consists of 20 symptom-related questions and 24 additional questions to assess distress and interference in daily life as well as symptom onset and duration.

Ms. Xiang wrote her Index Trauma as: I was let go after I told HR I was pregnant one month after. It makes me feel super anxious, angry, sad, (and) hopeless. I lost my job; don't have insurance, many bills to pay. I was also worried about my baby because I couldn't sleep, can't eat, always crying. Everything was wrong.

For RE-EXPERIENCING, one symptom is needed to meet the criteria.

Ms. Xiang endorsed 5 of 5 RE-EXPERIENCING symptoms.

For experiencing "5 or more times per week/very much," she endorsed:

4. Have you been intensely EMOTIONALLY upset when reminded of the trauma (includes anniversary reactions)?

For AVOIDANCE, three symptoms are needed to meet the criteria.

Ms. Xiang endorsed 7 of 7 symptoms.

For experiencing "5 or more times per week/very much," she endorsed:

8. Are there any important aspects about the trauma that you still cannot recall?

9. Have you markedly lost interest in free time activities since the trauma?

11. Have you felt that your ability to experience the whole range of emotions is impaired (e.g., unable to have loving feelings)?

For INCREASED AROUSAL two symptoms are needed to meet criteria.

Ms. Xiang endorsed 5 of 5 symptoms.

For experiencing "5 or more times per week/very much," she endorsed:

14. Have you been continuously irritable or have outbursts of anger?

Ms. Xiang endorsed re-experiencing, avoidance and increased arousal. For this instrument, she meets criteria to consider a post-traumatic stress diagnosis.

Since this trauma was harassment and discrimination versus a life threatening event, she is considered for a diagnosis of Post-traumatic stress disorder, Other specified trauma and stress related disorder: harassment, discrimination and wrongful loss of job.

Review of Medical Records

Ms. Xiang provided copies of medical records from her treatment with Dr. Karen Jason dated August 9, 2018; August 22, 2018; September 12, 2018; November 30, 2018, December 19, 2018, February 21, 2018; March 22, 2019 and June 3, 2020.

Dr. Jason's initial progress note presented a diagnosis of F41.1 Generalized Anxiety Disorder. This diagnosis was present throughout the sessions.

The treatment was initiated because of Ms. Xiang's experience of wrongful termination. Sessions dealt with developing coping skills to address her anxiety because of this experience.

The progress note from August 9, 2018 reported: Recent lost job and is anxious about how she find another job as she is pregnant and due in the Winter, coping with familial stressors regarding finances and feeling angry with being let go.

History of presenting problem: Told HR that she was pregnant in June and was let go in July.

The progress note from August 22, 2018 commented that Ms. Xiang, “didn’t gain weight this moth. Not able to eat as much as she should. Concerned about the impact on her. Only gained 15-18 #s so far.” (baby was due in October)

The progress note from November 30, 2018 commented that Ms. Xiang was, “apprehensive about the future.”

The progress note from March 22, 2019 reported, “lawyer said she has to prepare documents for court and started to not sleep again as she is afraid that if she goes to court she will have to see the people. Gets stressed out thinking/talking about it...feels it will never end.”

The progress note from June 3, 202 reported, “reached out for an appointment in light of the increase anxiety regarding the upcoming mediation. Discussed resurgence of feeling around job termination and the need to think about the past painful events in light of her upcoming mediation.”

These notes highlight the strong negative impact the termination had on Ms. Xiang’s emotional wellbeing.

The commentary presents difficulties with mood, interference with sleep, difficulties with eating and the consequent reduction of intake and less weight gain than she desired for her developing fetus.

Furthermore, Ms. Xiang returned to her therapist in June 2020 for support because the upcoming mediation elicited symptoms.

It should be noted that Ms. Xiang experienced anxiety symptoms, features of Generalized Anxiety Disorder. She presented for treatment soon after she was terminated thus at that time she had not experienced the symptoms for six months, the criteria for GAD. Thus she should have been diagnosed with an Anxiety Disorder at that time.

Qualitative Analysis

Ms. Xiang’s interview responses present the ongoing anxiety that her experiences at Eagle have triggered for her. The upcoming mediation has retriggered her symptoms. She continues to feel detached from people. She continues to feel anxious about her future. She is afraid of her employers, future employers and whether she will have other discrimination experiences and experiences of hostile environments. Two years have passed but she has a sustained impact of the Eagle discrimination and hostile environment experiences. Once someone leaves a negative situation one might expect to have a new experience, to start afresh. However, to still have this persist is an indicator of the severity of the initial experience. A person should not have their enjoyment of work, and thus enjoyment of life be negatively impacted.

Commentary

The wrongful termination of a pregnant woman is an unlawful discrimination falling under the disability act. However, it is also an action against a fetus. There is research by example, “Impact of Maternal Stress, Depression and Anxiety on Fetal Neurobehavioral Development,” Michael T. Kinsella, B.A. and Catherine Monk, PhD. Clin Obstet Gynecol. 2009 Sep; 52(3): 425-440. doi: [10.1097/GRF.0b013e3181b52df1](https://doi.org/10.1097/GRF.0b013e3181b52df1); PMID: PMC3710585 NIHMSID: NIHMS487046 PMID: [19661759](https://pubmed.ncbi.nlm.nih.gov/19661759/). Downloaded June 6, 2020.

The article reports, “a newer body of research has emerged aimed at identifying the effects of women’s antenatal psychological distress on fetal behavior and child development, and the biological pathways for this influence. These studies are in line with the growing body of literature supporting the “fetal origins hypothesis” that prenatal environmental exposures — including maternal psychological state–based alterations in *in utero* physiology — can have sustained effects across the lifespan. The prenatal period is a critical time for neurodevelopment and is thus a period of vulnerability during which a range of exposures have been found to exert long-term changes on brain development and behavior with implications for physical and psychiatric health.”

For this client’s baby, the baby was subjected to a fetal environment different than one the baby might have had, had Ms. Xiang not been experiencing the greater anxiety triggered by the experiences of wrongful termination and a termination that caused the cessation of her medical insurance.

Ms. Xiang reported and her psychologist’s progress notes refer to her report that she was eating less and gained less weight in her pregnancy. This refers to direct impact on the fetus.

Thus this is an issue to be considered when the question is posed of what were the negative psychological consequences of the Defendants’ unlawful behaviors.

DIAGNOSIS OF PLAINTIFF:

104. PTSD Other specified trauma and stressor-related Disorder: Harassment, discrimination and wrongful loss of job 309.89

American Psychiatric Association. (2013) Diagnostic and Statistical Manual of Mental Disorders, (5th ed.). Washington, DC: Author. From The National Center for PTSD.

The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, as follows:

1. Direct exposure
2. Witnessing, in person
3. Indirectly, by learning that a close relative or close friend was exposed to trauma. If the event involved actual or threatened death, it must have been violent or accidental.
4. Repeated or extreme indirect exposure to aversive details of the event(s), usually in the course of professional duties (e.g., first responders, collecting body parts; professionals repeatedly exposed to details of child abuse). This does not include

indirect non-professional exposure through electronic media, television, movies or pictures.

B. Intrusion (1/5 symptoms needed)

1. Recurrent, involuntary and intrusive recollections
2. Traumatic nightmares
3. Dissociative reactions (e.g. flashbacks) that may occur on a continuum from brief episodes to complete loss of consciousness
4. Intense or prolonged distress after exposure to traumatic reminders
5. Marked physiological reactivity after exposure to trauma-related stimuli

C. Persistent avoidance of stimuli associated with the trauma

1. Trauma-related thoughts or feelings
2. Trauma-related external reminders (e.g. people, places, conversations, activities, objects or situations)

D. Negative alterations in cognitions and mood that are associated with the traumatic event

1. Inability to recall key features of the traumatic event (usually dissociative amnesia; not due to head injury, alcohol or drugs)
2. Persistent (& often distorted) negative beliefs and expectations about oneself or the world (e.g. "I am bad," "the world is completely dangerous")
3. Persistent distorted blame of self or others for causing the traumatic event or for resulting consequences
4. Persistent negative trauma-related emotions (e.g. fear, horror, anger, guilt, or shame)
5. Markedly diminished interest in (pre-traumatic) significant activities
6. Feeling alienated from others (e.g. detachment or estrangement)
7. Constricted affect: persistent inability to experience positive emotions

E. Trauma-related alterations in arousal and reactivity that began or worsened after the traumatic event (2/6 symptoms needed)

1. Irritable or aggressive behavior
2. Self-destructive or reckless behaviors
3. Hypervigilance
4. Exaggerated startle response
5. Problems in concentration
6. Sleep disturbance

F. Persistence of symptoms (in Criteria B, C, D and E) for more than one month

G. Significant symptom-related distress or functional impairment

H. Not due to medication, substance or illness

Ms. Xiang experienced (direct experience) a trauma, being harassed and discriminated on an ongoing basis, creating a hostile working environment for her, feeling that she was regularly being threatened and feeling very vulnerable on her job.

Ms. Xiang expressed concerns that she will have discrimination experiences at future employment.

Ms. Xiang experienced (negative alterations in cognitions and mood) persistent negative beliefs, persistent negative emotions, markedly diminished interests, and feeling alienated from others. She feels her ability to experience the whole range of emotions is impaired. She feels that her future hopes and plans have changed.

Ms. Xiang experienced (trauma related levels of arousal and reactivity) problems of sleep disturbance, and being overly alert. She continues to experience these characteristics.

There is a significance of symptom related distress and functional impairment.

The symptoms are not due to medication, substance or directly and solely related to an illness.

The diagnosis is Post-traumatic Stress Disorder, Other specified trauma and stress related disorder. Her stressors were not life threatening but related to the discrimination, harassment and wrongful termination she experienced.

Generalized Anxiety Disorder DSM-5: (F41.1)

- A. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).
- B. The individual finds it difficult to control the worry.
- C. The anxiety and worry are associated with three (or more) of the following symptoms (with at least some symptoms have been present for more days than not for the past 6 months):
 - a. Restlessness, feeling keyed up or on edge.
 - b. Being easily fatigued
 - c. Difficulty concentrating or mind going blank.
 - d. Irritability.
 - e. Muscle tension.
 - f. Sleep disturbance (difficulty falling or staying asleep or restless, unsatisfying sleep)
- D. The anxiety, worry or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- E. The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., hyperthyroidism).
- F. The disturbance is not better explained by another medical disorder (e.g., anxiety or worry about having panic attacks in panic disorder, negative evaluation in social anxiety disorder (social phobia), contamination or other obsessions in obsessive-compulsive disorder, separation from attachment figures in separation anxiety disorder, reminders of traumatic events in posttraumatic disorder, gaining weight in anorexia nervosa, physical complaints in somatic symptom disorder, perceived

appearance flaws in body dysmorphic disorder, having a serious illness in illness anxiety disorder, or the content of delusional beliefs in schizophrenia or delusional disorder).

Ms. Xiang scored in the severe range on the depression index, the extremely severe range on the anxiety scale and the severe range on the stress index of the Depression, Anxiety and Stress instrument. She scored in the severe range on the Beck Anxiety Inventory. It is now more than six months that she experiences the symptoms. She is assessed to have Generalized Anxiety Disorder. Her anxiety is assessed as severe.

Major Depressive Episode, Severe DSM -5: (F32.2)

(American Psychiatric Association. (2013) Diagnostic and Statistical Manual of Mental Disorders, (5th ed.). Washington, DC

Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.

Note: Do not include symptoms that are clearly attributable to another medical condition.

- — Depressed most of the day, nearly every day as indicated by subjective report (e.g., feels sad, empty, hopeless) or observation made by others (e.g., appears tearful)
- — Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by subjective account or observation)
- — Significant weight loss when not dieting or weight gain (e.g., change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day
- — Insomnia or hypersomnia nearly every day
- — Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down)
- — Fatigue or loss of energy nearly every day
- — Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).
- — Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others)
- — Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide

The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

The episode is not attributable to the physiological effects of a substance or to another medical condition

Note: this definition represents major depressive episode, severe

Ms. Xiang scored in the very severe range on the Hamilton Depression Rating Scale, the severe range on the depression index of the Depression, Anxiety and Stress Scale and in the severe range on the Beck Depression Inventory. She experiences depression, sleep problems, diminished interest, diminished ability to concentrate, diminished feelings of worthlessness and impaired ability to experience the whole range of emotions. She feels detached from other

people. Her plans and her hopes for her future have been negatively impacted. Thus she is diagnosed as Major depressive episode, severe.

SUMMARY

105. It is my professional opinion as a Clinical Psychologist, with a reasonable degree of certainty, that there is a direct connection between Ms. Xiang's serious negative emotional experiences, experiences of a severe stress reaction including re-experiencing, avoidance and increased arousal and major depression, severe and her experiences of her harassment, discrimination and wrongful termination.
106. Based on Ms. Xiang's background, and history, she has demonstrated personality strength.
107. Ms. Xiang was hoping to stay at a rewarding job that was safe, secure and supportive. However, the harassment, discrimination, the lack of support, lack of protection, and hostile work environment deprived her of an income, and financial stability.
108. Furthermore, Ms. Xiang's wrongful termination deprived her of medical insurance at an extremely vulnerable time of her life, when she was pregnant.
109. Ms. Xiang described this as, "truly the darkest period of my life."
110. Ms. Xiang felt extremely humiliated, degraded, victimized, embarrassed, and emotionally distressed as a result of Defendants' unlawful actions.
111. Ms. Xiang experienced unwarranted professional humiliation.
112. Ms. Xiang reported she sought treatment for her emotional turmoil.
113. Ms. Xiang reported she sought treatment for a resurgence of her symptoms as she approached the mediation meeting.
114. Ms. Xiang reported she experiences sustained anxiety, fearing she will experience discrimination in the work place in the future.
115. Ms. Xiang can benefit from continuing her psychological treatment for anxiety, severe depression and stress reactions. She can benefit from continuing weekly therapy and engaging in group therapy sessions for at least a year or more.
116. Ms. Xiang can benefit from an assessment for psychopharmacological treatment. If it is assessed as a potential intervention to improve her anxiety, severe depression and stress reactions, she should receive medication management and monitoring for at least a year or more.
117. It is clear that from the assessment, the symptoms of anxiety, severe depression and stress reactions began after the harassment, discrimination and wrongful termination. As such, a nexus is drawn between the development of PTSD Other specified trauma

and stressor related disorder, Generalized anxiety disorder and Major depression, severe and the Defendants' unlawful actions.

PROFESSIONAL FEE

My professional fee in this matter was \$1000.00

118. In the last 25 years, I have acted as a professional Clinical Psychologist, teaching trainees at different levels of their professional medical/psychological training as a Faculty member of Weill Cornell College of Medicine and at Geisel School of Medicine at Dartmouth. I have presented at numerous lectures on various clinical topics in psychology. Some representative lectures include:

- Expert, "Dating After Divorce," 92nd Street Y, September, 2019
- Stress and Brain Fitness, Maison Beljanski Cancer Institute, April 2019
- Coping with Stress, Dr. Radio, NYU Medical Center, National Broadcast, 2019
- Expert on Negative Impact of Electronics, Attention Matters, National Broadcast, 2019
- Eating Disorders, ABC's of Eating Disorders, Conference Dartmouth-Hitchcock Medical Center, 2017
- Mindfulness and Stress Reduction, International Behavioral Health Conference, Budapest, 2016

SIGNATURE AND NOTARIZATION

Signed under penalty of perjury

Gladys Frankel, PhD
Gladys Frankel, PhD
New York State Licensed Psychologist

NOTARY

State of New York County of Kings County On 06/11/2020

Before me, Gladys Frankel, Personally appeared Gladys Frankel, PhD

And proved to me on the basis of satisfactory evidence to be the person whose name is subscribed within this instrument and has hereby acknowledged to me that she has executed the same in her authorized capacity, and that by her signature on the instrument she has executed the instrument.

Witness my hand and official seal

Mellinda Alexis
Notary signature



Gladys Frankel, PhD
Licensed Clinical Psychologist
115 E. 82nd Street, Suite 1A
New York City, New York 10128
(914) 522-6437

Columbia University, New York City, NY

1981 Doctor of Psychology Degree in Clinical Psychology
National Institute of Mental Health Fellowship

Pitzer College, Claremont, California

1972 Bachelor of Arts Degree
Graduated Magna Cum Laude, Honored in Psychology

Trained in Collaborative Divorce, Collaborative Divorce Alliance of New Hampshire

Licensure and Certification

- Qualified as an Expert in New Hampshire, Vermont and Hague Courts
- Licensed Clinical Psychologist: New York, Massachusetts

PROFESSIONAL PUBLICATIONS AND PRESENTATIONS

2020 Invited Presentation, National Association of Divorce Professionals National Convention
2019 Expert, "Dating After Divorce," 92nd Street Y Panel Presentation, New York City
2019 Stress and Brain Fitness, Maison Beljanski Cancer Institute, New York City
2019 Coping with Stress, Dr. Radio, NYU Medical Center, National Broadcast
2019 Eating Disorders, Presentation to PGY 3, 4 Geisel School of Medicine
2019 Negative Impact of Electronics, Attention Matters, National Broadcast
2018 Stress management, Developing Resiliency, University of Penn Club, New York City
2017 Eating Disorders, Presentations to PGY 3, 4 Geisel School of Medicine
2017 Eating Disorder Team Treatment, Presentation to ABC's of ED Conference,
Dartmouth-Hitchcock Medical Center
2017 Inpatient Treatment of Eating Disorders, Presentation to ABC's of ED
Conference, Dartmouth-Hitchcock Medical Center
2017 Expert on Expert Panel, Presentation to ABC's of ED Conference, Dartmouth-
Hitchcock Medical Center
2017 An International Reunification Case. Paper accepted for presentation at the
6th Annual International Conference of Cognitive and Behavioral Psychology,
Singapore.
2016 Editorial Board, Journal of Psychiatry and Mental Health
2016 Mindfulness as a Treatment for Stress. Presentation to Pioneer Century
Science Mental Health Forum, Budapest, Hungary
2016 Eating Disorders, Presentation to PGY 2, 3 Geisel School of Medicine
2015 Eating Disorders, Presentation to PGY 2, 3 Geisel School of Medicine
2015 Psychodynamic Therapy PGY 3, Geisel School of Medicine
2014 Eating Disorders. Scientific Basis of Medicine. Geisel School of Medicine
2014 -Psychodynamic Psychotherapy. Presentation to PGY 2, 3 Geisel School of Medicine
2015

2014 - Eating Disorders. Presentation to PGY 2, 3 Geisel School of Medicine
2015

2013 "Friendship throughout the Life Span." Presentation to Upper Valley
Women's Network, Hanover, NH

2012 "Holiday Blues-Coping Strategies." Presentation to ILEAD,
Hanover, NH

2012 Case Conference Discussant, Pediatrics. Dartmouth-Hitchcock Medical
Center, Lebanon, NH

2012 "Motherhood and Transitions." Presentation to Women's Resource Center,
Dartmouth-Hitchcock Medical Center. Lebanon, NH

2012 Eating Disorders. Presentation to Pediatric Faculty, Staff, Residents.
Dartmouth-Hitchcock Medical Center. Lebanon, NH

2011 "An instrument to Differentiate Purging Sub-types." Poster presentation. Eating
Disorder Research Society Conference with K. Halmi, Edinburgh, Scotland

2011 Expert on Self Esteem/Body Image for, "Love, Hate, Weight," a
documentary. Tribeca Film Institute, premiered at Tribeca Film Festival.

2011 "An Instrument to Differentiate Purging Sub-types." Halmi, K, Frankel, G,
Hurt, S. Poster Presentation to Eating Disorder Research Society, Edinburgh,
Scotland.

2011 "An Instrument to Differentiate Purging Sub-types." Frankel, G, Halmi, K,
Hurt, S. In progress for journal submission.

2011 Weight loss, abnormal mental status and urine consumption: A complicated
differential diagnosis on an eating disorders specialty unit.
Parikh, P, Frankel, G, Gottlieb, A, Lipton, M, Ferrando. S, Attia, E in progress

2010 Identification and Interventions for Eating Disorders. Rye School District
Professional Development Workshop.

2010 Strategies for Developing Self Esteem. White Plains PTA.

2009 Diagnosis and Treatment of Eating Disorders. Grand Rounds
Presentation. Department of Psychiatry. Lincoln Hospital.

2008 Treatment of Eating Disorders. Presentation to the Orange Ulster County
BOCES.

2008 Self Esteem Issues. Presentation to NY State Special Education Principals'
Conference.

2007 Eating Disorders. Presentations to Bronxville Faculty, Parents, Middle and
High Schools.

2007 Treating Eating Disorders. Presentation to Orange County Mental Health
Association.

2007 Eating Disorders Awareness. Presentations to Pelham Middle School.

2007 Identification and Treatment of Eating Disorders. Presentation to NY State
Special Education Principals' Conference.

2007 Identification and Treatment of Eating Disorders. Presentation to Faculty,
Briarcliff Middle and High Schools.

2005 Treatment of Eating Disorders. Presentation to the Westchester Psychology
Association.

2004 Anger Management CME presenter. New York State Psychology Association.

2003 An Adolescent with Gastrointestinal Stromal Tumors, with K.A. Halmi.
American Journal of Psychiatry. 160:6, June 2003.

2003 Case Presentation: An Adolescent with Anorexia Nervosa and Gastrointestinal

- Stromal Tumors. Child and Adolescent Psychiatry Grand Rounds, New York Presbyterian Hospital.
- 2002 Anger Treatment. CME Presenter. American Psychological Association Convention, San Francisco, CA.
- 2001 "Treatment of Combat Nightmares." American Psychological Association Convention. Boston, Mass.
- 1991 "The Impact of Education Groups on Staff Attitudes Towards HIV+ Patients." V.A. AIDS Education Research Grant. Presented to a national V.A. Research Conference.
- 1988 "Gender Effects on Therapy" with Gloria Kahn and Elaine Friedman. Presented at the Westchester Psychological Association Research Conference.
- 1984- "Mother-Daughter Relationships." "Great Expectations - The
- 1986 First Nine Months." "Coping with Stress." Presentations at various community groups.
- 1981 "The Effects of Positive and Negative Social Information on Cognitive Processes." (Doctoral Dissertation, Columbia University, 1981.) Dissertation Abstracts International, 1981 Vol. 43, Sec. B, p. 1658.
- 1975 "Effects of Prosocial Behavior, Social Conception and Mood," with H. Hornstein, L. LaKind, S. Manne. Journal of Personality and Social Psychology, 1975, vol. 32, no. 6, 1038-1046
- 1974 Co-author, Mediation Training Manual. Editorial Assistant, "Conflict," a quarterly newsletter, Institute for Mediation and Conflict Resolution, New York City, New York.
- 1973 "Self Disclosure and Personal Space." Western Psychological Association Convention Presentation, Anaheim, California.
- 1973 "The Effects of Information About Public Opinion On Giving Help to Strangers," with H. Hornstein, L. LaKind, S. Manne. Unpublished manuscript, Teachers College, Columbia University, New York City, New York.
- 1972 Presenter: Western Psychological Association Convention for Undergraduate Research, Santa Rosa, California.
- 1972- Abstracter. Psychological Abstracts. American Psychological Association, 1977 Washington, D.C.
- 1971 "The Relationship of Peer Concepts and Creativity in Preadolescent Females." Western Psychological Association Convention Presentation, Los Angeles, California

COMMUNITY ENGAGEMENTS

Consultant Familykind, New York City
Consultant Weill Cornell Center for Human Rights
Physicians for Human Rights, Member
Program Committee Member, The ABC's of Eating Disorders Conference, Dartmouth-Hitchcock Memorial Hospital, Geisel School of Medicine
Invited Member, Initiative to Prevent Family Violence, Mental Health Expert, Grafton County Family Court, Lebanon, NH
Member, Steering Committee, Eating Disorder Collaborative, New Hampshire, Vermont and Maine.

Radio talk shows: Mental Health Expert on programs airing on mental health topics

Teaching Experiences at Geisel School of Medicine at Dartmouth and Dartmouth-Hitchcock Medical Center:

Faculty, The Psychology of Illness, Mandatory First Year Class, Geisel School of Medicine

Lecture, Scientific Basis of Mind course, Geisel School of Medicine

"Eating Disorders" Presentation to Pediatric Staff, Residents

Supervisor, Psychiatry Resident Psychodynamic Therapy

Supervisor, Psychiatry Fellow, Psychodynamic Therapy

Supervisor, Geropsychiatry Fellow, Psychodynamic Therapy

Pediatric Case Conference---Case Presentation Discussant for a complex case

PGY 2 Class, 2013, 2014, 2015, 2016 teaching about Eating Disorders

PGY 4 Class, 2013, 2014, 2015, 2016, 2017 teaching about Eating Disorders

Engagement in Geisel School of Medicine Curriculum Revision Committee

Curbside consultations with Faculty, Residents in Internal Medicine, Gastroenterology, Pediatrics

Member, Committee on Student Performance and Conduct

Teaching Experiences at Weill Cornell College of Medicine

Supervisor, Psychology Fellows

Faculty, Fourth Year Medical School Students, Mandatory Psychiatric Diagnostic Interviewing Course

Consultations with Faculty and Residents in Psychiatry

Member, Fellowship Admissions Committee, APA Approved Psychology Training Program

Work Experience

- 2017-present Private Practice, New York City, NY
 Individuals, Couples. CBT, DBT, Psychodynamic, Mindfulness, Conflict Resolution, Stress Management/Resiliency.
 Faculty appointment Geisel School of Medicine at Dartmouth
 Consultant Weill Cornell Center for Human Rights
 Resource to journalists on mental health related content
- 2019 Mental Health Expert, Healthination.com
- 2019 Expert, Retained by Worthy Diamond Auction House, "Dating After Divorce," a National research study
- 2018 –2019 Consultant to Familykind, Parent Coordinator
 2011-07/2017 Psychologist, Hanover Psychiatry, Hanover, NH.
 Assistant Professor, Department of Psychiatry, Geisel School of Medicine at Dartmouth, Hanover, NH.
 Director, Eating Disorder Services.
 Individual, couple, family and group therapy for diverse psychiatric disorders.
 Consultations for complex cases to Psychiatry, Cardiology, Gastroenterology, Internal Medicine.
 Administered pre-bariatric surgery evaluations.
 Expertise in Cognitive Behavior Therapy, Dialectical Behavior Therapy, Psychodynamic Psychotherapy and Mindfulness.
 Supervised Residents and Fellows. Taught medical school students, Residents, Fellows and Staff.
 Faculty, Psychology of Illness Course, Geisel School of Medicine.
 Community Lecturer, New Hampshire and Vermont State School Nurses' Association Conference, ILEAD and other organizations.
 Trainer, Stress Management and Resiliency Training, "SMART" program/ Dr. Herbert Benson, Benson Henry Institute, Harvard Medical School
 Geisel School of Medicine- Member, Committee on Student Performance and Conduct
- 2013- 2017 Psychologist, United States Department of Veterans Affairs
 Expert for Compensation and Pension evaluations. Provides psychiatric evaluations including Post-traumatic stress disorder, military sexual assaults and general psychiatry
- 2012 –present Legal Expert Opinion
 Provides Expert Opinions for various legal cases in Hague, State and County Courts. Illustrative cases: PTSD, international abduction, parenting issues, wrongful death, harassment and discrimination cases. Hired by County Court to provide opinion on mental health and parenting issue. Hired by Defenders Office Grafton County, NH to provide an assessment.
- 2000-2011 Attending Psychologist, New York Presbyterian Hospital.

Assistant Professor of Psychology, Weill Medical College of Cornell University
Attending Psychologist.
Clinical and teaching responsibilities. Individual and group treatments with
Cognitive Behavior Therapy and Dialectical Behavior Therapy.
Family therapy for eating disorder in-patients.
Taught medical clerkship students mandatory Psychiatric Diagnostic Interviewing
class.
Taught and supervised medical students, psychiatry residents, psychology
fellows and visiting professionals.
Consultant to other units for eating disorder cases.
Out-patient Private Practice, Faculty Practice.
Public Relations Speaker representing New York Presbyterian Hospital.
Speaking engagements to local schools, organizations and conferences for
professional and non-professional audiences.
Psychology Education Committee member. Reviewed applicants for
Psychology Fellowship.
Well versed in psychopharmacology and medical issues in eating
disorders and diverse psychiatric disorders.
Research on Bulimia. Developed structured instrument to differentiate
bulimia typologies.

1988-1999 Staff Psychologist. Franklin Delano Roosevelt Veterans Administration
Hospital, Montrose, NY
Assistant Director, PTSD Unit. Lead role in directing the unit's
organization and services provided to consumers.
Identified problems and created goals for the organization and consumers.
Developed solutions in individual and group settings.
Provided training in: conflict resolution, listening skills, and stress management.
Developed public relations materials and participated in marketing activities.
Developed research on customer satisfaction, program planning, HIV and clinical
trials.
Supervision of various staff and psychology interns in an APA approved program.

Treatment Coordinator.
Provided in-patient and outpatient treatment for PTSD/ dually diagnosed
patients.
Expertise in treating addictions, combat stress and male sexual trauma.

Program Director (1989 - 1993)
Responsible for developing and supervising a treatment program for a
rehabilitation unit with 40 patients of diverse diagnostic classifications (e.g.,
chronic schizophrenia, manic depressives, dually diagnosed and substance
abusers).
Provided assessment and treatment of patients in individual and group
therapies.

Treatment Coordinator (1988-1989) on an Admissions Unit.
Responsible for diagnosis, assessment, treatment and discharge planning for

patients.

Hospital Administration Strategic Planning Committee Member.

Hospital Representative to Regional Consumer Relations Committee.

Discussed consumer relations at hospitals in the Metro-NY region.

Staff trainer. Provided training to diverse hospital staff on: Prevention and management of disturbed behavior patients; Staff relations-improving management supervision skills and cultural diversity training.

Member, Information Management Committee. Discussed implementation of information management throughout multiple hospital and satellite clinic network.

Internship Training Committee Member Supervisor. Responsible for interviewing, selection and supervision of interns, externs and fifth pathway students in American Psychological Association Approved Internship.

- | | |
|-----------|---|
| 1984-2011 | Private Practice |
| 1983-2011 | Seminar Director
Developed talks for Community groups: Eating Disorders, Coping with Stress, and Mother-Daughter Relationships. |
| 1981-1983 | Consultant, Julia Burgos Center for Abused Spouses, San Juan, Puerto Rico
Counseled abused women and their children who temporarily resided at the residence; and assisted the Board of Directors in the operation of the Center. |
| 1978-1983 | Corporate Executive, New York City and San Juan, Puerto Rico
Worked in Executive positions at BBDO, Grey and Young and Rubicam directing and developing advertising/marketing efforts for nationally known products.
Marketing Services Director at BBDO. Supervised Agency's Market Research |
| 1977-1978 | Fellow in Clinical Psychology, The New York Hospital, Westchester Division. APA approved training program.
Psychologist for the Children's Day Hospital. Interfaced with children, teachers and parents; administered assessments of individual children to provide recommendations for treatment programs.
Adult and Child In-Patient/Out-Patient responsibilities: Psychological testing; individual, family and group therapies. In-Patient work involved psychopharmacological treatment under Chief Psychiatrist's supervision.
Consultant to the White Plains Day Care Center. Interfaced with professional and paraprofessional personnel to provide guidance on the children's development and behavior as well as staff management issues.
Consultant to the Children's Hospital Research Program. Provided direction for the study's design and analysis. |

Seminars:

Psychological Assessment - Roy Shafer, Ph.D.

Child Development - Theodore Shapiro, M.D.

- 1976-1977 Therapist, Hallen School for Special Learning, White Plains, NY
Group and individual therapist for students. Consultant to teachers
- 1976-1977 Teaching Assistant, Columbia University, New York City, NY
Taught a section of a diagnostic testing course for clinical psychology graduate students. APA approved training program.
- 1975-1976 Intern Psychologist, New York University Medical Center, New York City, NY. APA approved training program
Rotations included Adult and Child In-Patient/Out-Patient units with treatment (individual, family and group) and assessment responsibilities. Seminars/supervision with Murray Alpert, Ph.D., Stella Chess, M.D., Florence Halpern Ph.D., Walter Kass, Ph.D. and Theodore Shapiro, M.D.
- 1973-1975 Externship, Maimonides Hospital, Brooklyn, NY
Rotations in Adult In-Patient and Children's Out-Patient units, using individual and group therapies; and administering diagnostic assessment
- 1972-1975 Research Associate, Columbia University, New York City, NY
Conducted various research projects supported by N.I.M.H., National Science Foundation and the National Institute of Education. Published in scientific journals
- 1973-1974 Director, Program Evaluation, Institute for Mediation and Conflict Resolution, New York City, NY
Designed research to evaluate the Institute's mediation training course and recommended changes that improved the program. Assistant Editor for the Institute's newsletter. Assistant Editor for the First Proceedings of the National Mediators' Conference
- 1971-1972 Research Associate, Pitzer College, Claremont, California
Coordinated research studies for a psychology professor. Developed background literature review, conducted field work, analyzed results and wrote reports in the area of child development.

Professional Associations

American Academy of Experts in Traumatic Stress
National Association of Divorce Professionals

Courtroom Testimony

- March, 2014
Vermont Court Family Division
Re: in the termination of Parental Rights over Tavari Graham
Case 652-2013-TR-00006
- 2014
Vermont Court Family Division
Re: parental rights case Ashley Carroll v. Sean Carroll

Court Related Reports

- 2020 Sexual/ Harassment, Discrimination, Retaliation, Wrongful Termination Cases
- 2019 Sexual Harassment, Discrimination, Retaliation, Wrongful Termination Cases
- 2019 Harassment, Discrimination, Retaliation, Wrongful Termination Cases
- 2019 Personal Injury Case- settled.
Plaintiff sued defendant for injuries.
- 2019 Custody case. Giving up parental rights so a child can receive court issued treatment.
- 2017 Competency. Competency to change a will.
- 2016 Evaluation of emotional consequences of a motor vehicle accident.
- 2016 Evaluation of emotional consequences of a motor vehicle accident.
- 2015 Wrongful death case.
- 2015 PTSD case. Plaintiff v a Logging company.
- 2015 T Pond V. City of Montpelier State File #BB-61972
- 2015 Grafton County NH Defenders' Office. Evaluation to assess Defendant's ability to understand his behaviors; should he be tried as an adult or adolescent.
- 2015 Evaluation of Defendant's ability to understand his behaviors.
- 2014 Evaluation of an adolescent's desire not to have visitation with his father.
- 2014 Evaluation of siblings' desires not to have visitations with their father.
- 2014 Bullying case. Defendant was harassed by employer.
- 2014 Braley v Golden View Health Care Center. Employee harassment.

- 2012 Hague Court. Yaman v Yaman. Assessment of whether children were settled in the United States